

Family, Career and Community Leaders of America, Inc. ®

Middle Level Chapter Affiliation Form



1 Please remit the national and state copies of the 3-part form and 2 copies of your member lists with your payment. Retain the chapter copy and one member list for your records.

2 Chapter ID Number _____

Name of Chapter

Name of School

Address

City State Zip Zip Ext.

(Include area code)

Telephone # _____ Fax # _____

3 Co-curricular Chapter? Yes ☐ No ☐ **4** School Location? ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural

5 Check your school type: ☐ Elementary ☐ Junior High/Intermediate
☐ Middle School ☐ Combined Jr/Sr High

6 # of Males _____ # of Females _____ Total _____ Total # YTD _____

7 Chapter type (required) Race/National origin (optional). Enter number of members below:

Occupational _____ # Caucasian _____ # African-American _____ # Asian _____

Comprehensive _____ # Hispanic _____ # Native-American _____ # Others _____

8 _____
Mr\Mrs\Ms Adviser First Name M.I. Adviser Last Name

Home Address

City State Zip Zip Ext.

() _____
Telephone # (include area code) **9** _____
Years as adviser

10 My Email Address is _____

11 The additional advisers for this chapter are (list home addresses on separate sheet):

Please refer to the back of this form for detailed information

Send dues payment to:

FCCLA Lock Box Operations
P.O. Box 718, Dept. D
Baltimore, MD 21203-0718

12 Dues: Both state and national dues must be paid for members.
Overpayment of \$10.00 or less will not be refunded.

Amount

Chapter National Dues \$ 400.00

(Middle Level Only)

Adviser National Contribution \$ _____

Chapter State Dues \$ _____

Adviser State Contribution \$ _____

Method of Payment

TOTAL \$ _____

Check # _____ PO # _____

VISA (Direct affiliation only) ☐ MASTERCARD (Direct affiliation only) ☐

Credit Card # _____

Card Holder Signature _____ Exp. Date ____/____

Each member's national dues includes \$4.00 for a one-year subscription to *Teen Times* magazine. Nonmember subscriptions to *Teen Times* are \$8.00.

13 _____
Chapter Adviser Signature Date

Chapter President Signature Date

President's
Home Address _____

City _____ State _____ Zip _____
Rev. 0305

TO RECEIVE FULL SERVICES INCLUDING THE JAN/FEB ISSUE OF *TEEN TIMES*, AFFILIATION MUST BE POSTMARKED TO NATIONAL HEADQUARTERS BY **NOVEMBER 30**. ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31. SEE INSTRUCTIONS ON BACK.